Approved for use through 06/30/2010. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless it displays a valid OMB control number Complete if Known Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). 10/815,149 Application Number **TRANSMITTA** Filing Date March 30, 2004 For FY 2009 First Named Inventor Frans Vandenbroek **Examiner Name** McEvoy, Thomas M. Applicant claims small entity status. See 37 CFR 1.27 Art Unit 3731 TOTAL AMOUNT OF PAYMENT A-2810-AL Attorney Docket No. METHOD OF PAYMENT (check all that apply) Check Credit Card \_\_None Other (please identify): Money Order ✓ Deposit Account Deposit Account Number: 01-2215 Deposit Account Name: <u>Applied Medical Resources</u> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee Charge any additional fee(s) or underpayments of fee(s) ✓ Credit any overpayments under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. **FEE CALCULATION** 1. BASIC FILING, SEARCH, AND EXAMINATION FEES **FILING FEES** SEARCH FEES **EXAMINATION FEES Small Entity Small Entity Small Entity** Fees Paid (\$) **Application Type** Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$) 330 220 Utility 165 540 270 110 Design 220 110 100 50 140 70 Plant 220 330 170 85 110 165 330 540 650 Reissue 165 270 325 Provisional 220 0 0 110 0 0 **Small Entity** 2. EXCESS CLAIM FEES Fee Description Fee (\$) Fee (\$) Each claim over 20 (including Reissues) 52 26 Each independent claim over 3 (including Reissues) 220 110 390 195 Multiple dependent claims **Multiple Dependent Claims Total Claims** Extra Claims 23 Fee (\$) Fee Paid (\$) Fee Paid (\$) \_\_\_ - 20 or ĦP = 0 Fee (\$) Х 52 HP = highest number of total claims paid for, if greater than 20. Extra Claims Fee (\$) Fee Paid (\$) 3 1 - 3 or HP = 0 x 220 HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Number of each additional 50 or fraction thereof Fee (\$) Total Sheets Extra Sheets 270 -100 =/ 50 = (round up to a whole number) x 4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge):

SUBMITTED BY				
Signature	/JFH	Registration No (Attorney/Agent)	53,008	Telephone 949-713-8283
Name (Print/T	ype) John F. Heal			Date January 27, 2011

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.